

		References	Study Quality												
		22 (9798855)	4												
CT foot with IV contrast	Usually not appropriate	Expert Consensus	⊕ <0.1 mSv	⊕⊕ 0.03-0.3 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
CT foot without IV contrast	Usually not appropriate	Expert Consensus	⊕ <0.1 mSv	⊕⊕ 0.03-0.3 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0
CT foot without and with IV contrast	Usually not appropriate	Expert Consensus	⊕ <0.1 mSv	⊕⊕ 0.03-0.3 mSv [ped]	1	n/a	0	0	0	0	0	0	0	0	0

Variant 3: Chronic metatarsalgia including plantar great toe pain. Radiographs negative or equivocal. Clinical concern includes sesamoiditis, Morton’s neuroma, intermetatarsal bursitis, chronic plantar plate injury, or Freiberg’s infraction. Next imaging study.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
MRI foot without IV contrast	Usually appropriate	Strong	○ 0 mSv	○ 0 mSv [ped]	9	9	0	0	0	0	0	0	0	3	10

References	Study Quality
39 (8372200)	4
37 (9114115)	3
38 (17420632)	3
36 (25809742)	Good
40 (22727342)	2
32 (11706214)	4
44 (19038613)	4
41 (28109309)	4
12 (8356270)	4
33 (9765133)	4
34 (10551246)	3
35 (9016241)	3
42 (20308514)	4

			35 (9016241)		3													
			42 (20308514)		4													
			43 (12668744)		4													
			45 (30685010)		4													
Bone scan foot	May be appropriate	Limited	☼☼☼ 1-10 mSv	☼☼☼☼ 3-10 mSv [ped]	5	5	1	0	3	2	6	2	0	0	0			
			References		Study Quality													
			12 (8356270)		4													
			24 (7633586)		2													
			26 (11595853)		4													
			27 (3806228)		4													
CT foot with IV contrast	Usually not appropriate	Limited	☼ <0.1 mSv	☼☼ 0.03-0.3 mSv [ped]	1	1	11	0	2	0	0	0	0	0	0	0	0	0
			References		Study Quality													
			29 (19038614)		4													
			30 (21817003)		3													
			28 (12627621)		4													
			31 (8079860)		4													
CT foot without and with IV contrast	Usually not appropriate	Limited	☼ <0.1 mSv	☼☼ 0.03-0.3 mSv [ped]	1	1	12	0	1	0	0	0	0	0	0	0	0	0
			References		Study Quality													
			29 (19038614)		4													
			30 (21817003)		3													
			28 (12627621)		4													
			31 (8079860)		4													

Variant 4: Chronic plantar heel pain. Radiographs negative or equivocal. Clinical concern includes plantar fasciitis or plantar fascia tear. Next imaging study.

Bone scan foot	May be appropriate	Limited	☼☼☼ 1-10 mSv	☼☼☼☼ 3-10 mSv [ped]	4	4	0	0	3	6	3	1	1	0	0
----------------	--------------------	---------	--------------	---------------------	---	---	---	---	---	---	---	---	---	---	---

References	Study Quality
61 (1424449)	4
60 (21540716)	4
62 (15230772)	4
63 (25210293)	4
59 (30788224)	4

US foot	Usually not appropriate	Limited	○ 0 mSv	○ 0 mSv [ped]	3	3	5	0	4	1	2	1	0	0	0
---------	-------------------------	---------	---------	---------------	---	---	---	---	---	---	---	---	---	---	---

References	Study Quality
78 (20489099)	2
79 (18064426)	3
62 (15230772)	4
77 (22506252)	4
76 (10477883)	4

CT foot with IV contrast	Usually not appropriate	Moderate	☼ <0.1 mSv	☼☼ 0.03-0.3 mSv [ped]	1	1	12	0	1	0	0	0	0	0	0
--------------------------	-------------------------	----------	------------	-----------------------	---	---	----	---	---	---	---	---	---	---	---

References	Study Quality
69 (8571860)	4
66 (15333345)	3
65 (11858605)	4
68 (15018183)	4
67 (29679212)	Good
64 (29876712)	3

CT foot without and with IV contrast	Usually not appropriate	Moderate	☼ <0.1 mSv	☼☼ 0.03-0.3 mSv [ped]	1	1	13	0	0	0	0	0	0	0	0
--------------------------------------	-------------------------	----------	------------	-----------------------	---	---	----	---	---	---	---	---	---	---	---

References	Study Quality
69 (8571860)	4
66 (15333345)	3

65 (11858605)	4
68 (15018183)	4
67 (29679212)	Good
64 (29876712)	3

MRI foot without and with IV contrast	Usually not appropriate	Limited	0 0 mSv	0 0 mSv [ped]	1	1	9	0	2	0	1	1	0	0	0
---------------------------------------	-------------------------	---------	---------	---------------	---	---	---	---	---	---	---	---	---	---	---

References	Study Quality
72 (22078792)	4
69 (8571860)	4
65 (11858605)	4
74 (27888854)	4
71 (26888876)	2
75 (27885856)	4
63 (25210293)	4
64 (29876712)	3
70 (26557590)	3
73 (29228800)	4

Variant 6: Chronic foot pain. Entrapment Syndromes. Radiographs negative or equivocal. Clinical concern includes Baxter’s neuropathy. Next imaging study.

Procedure	Appropriateness Category	SOE	Adults RRL	Peds RRL	Rating	Median	Final Tabulations								
							1	2	3	4	5	6	7	8	9
MRI foot without IV contrast	Usually appropriate	Limited	0 0 mSv	0 0 mSv [ped]	9	9	0	0	0	0	0	0	1	1	11

References	Study Quality
80 (19703848)	2

US foot	Usually appropriate	Limited	0 0 mSv	0 0 mSv [ped]	7	7	0	1	0	2	0	0	11	0	0
---------	---------------------	---------	---------	---------------	---	---	---	---	---	---	---	---	----	---	---

References	Study Quality
81 (23980227)	3

Appendix Key

A more complete discussion of the items presented below can be found by accessing the supporting documents at the designated hyperlinks.

Appropriateness Category: The panel's recommendation for a procedure based on the assessment of the risks and benefits of performing the procedure for the specified clinical scenario.

SOE: Strength of Evidence. The assessment of the amount and quality of evidence found in the peer reviewed medical literature for an appropriateness recommendation.

- **References:** The citation number and PMID for the reference(s) associated with the recommendation.
- **Study Quality:** The assessment of the quality of an individual reference based on the number of study quality elements described in the reference.

RRL: Relative Radiation Level. A population based assessment of the amount of radiation a typical patient may be exposed to during the specified procedure.

Rating: The final rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Median: The median rating (1-9 scale) for the procedure as determined by the panel during rating rounds.

Final tabulations: A histogram showing the number of panel members who rated the procedure as noted in the column heading (ie, 1, 2, 3, etc.).

Additional supporting documents about the AC methodology and processes can be found at www.acr.org/ac.